

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035424

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 68

FILED SEP 23 1963

Primary Registration District No. 5255

Registrar's No. 40

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clark Township		Length of stay in 1b none	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION On hiway 5 So of Marceline		Inside Limits <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. NAME OF DECEASED (Type or print) Julius Fred Schnetzler		4. DATE OF DEATH Month Sept Day 20 Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/31/1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY General farming	
11. BIRTHPLACE (City and state or country) Salisbury, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Schnetzler		13b. MOTHER'S MAIDEN NAME Minnie Haffecke	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) yes		17. INFORMANT Mr. John Schnetzler, Salisbury, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Injury Horror Legs of Jump Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Automobile Accident DUE TO (b) Automobile Accident DUE TO (c) Automobile Accident		INTERVAL BETWEEN ONSET AND DEATH 2-3 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Collision of two automobiles	
20c. TIME OF INJURY Hour 9 a.m. Month, Day, Year 9-20-1963	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway #5 - 4 miles S of Marceline		20f. CITY, TOWN, OR LOCATION Chariton County Mo.	
21. I attended the deceased from _____ to _____ and last saw her alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. L. G. Gorman (Degree or title)		22b. ADDRESS Key Truitt Mo.	
22c. DATE SIGNED 9/21/1963		22d. DATE SIGNED 9/21/1963	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 9/23/63	23c. NAME OF CEMETERY OR CREMATORY Salisbury Lutheran Cemetery Salisbury, Mo.	
24. FUNERAL DIRECTOR Chas. B. Winkelmeyer, Salisbury, Mo.		25. DATE REGD. BY LOCAL REG. Sept 21-63	
26. REGISTRAR'S SIGNATURE Army Wathen		26. REGISTRAR'S SIGNATURE Deft	

OCT 3 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Donald W Berry, Student Embalmer No. 674
working under my personal supervision.

Student

Donald W Berry
Signature of Student Embalmer

Signed

Chas B Windelmeyer

Licensed Embalmer No.

3842

P. O. Address

Salisbury, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.